

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716414

FILED
Apr 23, 2009
Secretary of State

Entity Name: MAYAN TOWERS CONDOMINIUM I, INC.

Current Principal Place of Business:

2328 S CONGRESS AVE.
STE. 2A
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

2328 S CONGRESS AVE.
STE. 2A
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-1300774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIREKTOR, ESQUIRE, KENNETH
BANK OF AMERICA CENTER
625 N. FLAGLER DR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WHALEN, CAROL
Address: 2328 S CONGRESS AVE., STE. 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VPD () Delete
Name: PINTOZZI, CHARLES
Address: 2328 S CONGRESS AVE., STE. 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: TD () Delete
Name: MCGAHRAN, KATHLEEN
Address: 2328 S CONGRESS AVE., STE. 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: PD () Delete
Name: KOUTZEN, MYRA
Address: 2328 S CONGRESS AVE., STE. 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: PHELPS, THOMAS
Address: 2328 S. CONGRESS AVE, SUITE 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: PANTALONE, ANTHONY
Address: 2328 S CONGRESS AVE., STE. 2A
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAHN, ALICE
Address: 2328 S CONGRESS AVE., STE. 2A
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRA KOUTZEN

PD

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date